TION FOR UNITED STATES PATEN DECLARATION AND POWER OF ATTORNEY

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name	e: that
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I verily believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and

joint inventor sought on the	(if plural inventor inventor)	rs are named below) 1: CAMERA CA	of the subject ma	tter which is claimed a	and for which a patent is		
COMMUNICATION DEVICE							
	daimed in the s						
Check one		•					
*a.							
b.	filed on	_ as Application No.	and amende	ed on (if applical	ole).		
the claims, as I ack defined in Title	amended by an nowledge the du a 37, Code of Fe	y amendment referred ty to disclose to the (deral Regulations, §1.	l to above. Office all information 56.	n known to me to be n	ed specification, including naterial to patentability as		
		lode §119, the priority within one year prior t			in(s) and/or United States		
				filed November	ar 19.1998		
				filed November			
Japanese	Patent Ap	plication No.	. 11-323883	filed November	er 15,1999		
the United Sta	ates of America		ne year prior to thi	s application, or (b) be	iled in countries foreign to store the filing date of the		
I hen	application and	to transact all busines	s in the Patent Offi	CO:	titution and revocation to		
	Kirk M.	Hudson, Reg. No. 27 Iker, Reg. No. 31,450	,562; Thomas J. F	rridge, Reg. No. 30,0: Pardini, Reg. No. 30,4 I, Registration No. 32 I No. 33,565.	11;		
_ Berridge, F	Spondence P.L.C., P.L.C., P.	N CONNECTION W O. BOX 19928, ALEX	ith this appli Andria, virgini	CATION SHOULD E A 22320, TELEPHON	IE SENT TO OLIFF & E (703) 836-6400.		
made herein of true; and furth are punishable	of my own knowle or that these state to by fine or impr	edge are true and tha ements were made w Isonment, or both, ur	t all statements ma ith the knowledge t nder Section 1001	ede on information and hat willful false stateme	n, and that all statements ibelief are believed to be ents and the like so made ed States Code and that I thereon.		
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of First or Sole	inventor	Itaru			HOMMA		
Given Name			•	Middle Initial	Family Name		
**Inventor's Signature:		Itavu			HOMMA		
**Date of Signa	ture:	Nov.	<u> </u>	(7	1999		
Residence:	6 - -	Month	_	Day	Year		
i scaluering,	Setagaya-ku			ORYO	JAPAN		
Citizenship;	Japan	City	Sta	te or Province	Country		
	Post Office Ad	iffice Address:					

*If Box (a.) is checked, this form may be executed only when attached to the specification (including claims). **Note to Inventor: Please sign name exactly as it appears above and insert actual date of signing.

IF THERE IS MORE THAN ONE INVENTOR USE PAGE 2 AND PLACE AN "X" HERE

C/O Nikon Corporation, Fuji Bldg., 2-3, Marunouchi

3-chome, Chiyoda-ku, TOKYO 100-8331 JAPAN

10/96

(Insert complete mailing address,

including country)

PAGES OF U.S.A. DECLARATION FORM (Discar page in a sole inventor application)

n)	

1	Typewritten Fu		Ob i male i	_	KUWATA
	of Second Join	nt Inventor (if any)	Chiyuki Given Name	Middle Initial	Family Name
2	⇔Inventor's Sig	nature:		wats.	
3	**Date of Signa	ture:	111 - now.	- (999.	
•	•		Month	Day	Year
	Residence:	Zushi-shi		KANAGAWA	JAPAN
		City		State or Province	Country
	Citizenship:	Japan			
		Post Office Address: (Insert complete		poration,Fuji Bld	
		mailing address, including country)	3-chome, Chiyo	da-ku,TOKYO 100-8	331 JAPAN
1	Typewritten F	uli Name			OUMITE &
	of Third Joint	inventor (if any)	Akira	Middle Initial	OHMURA Family Name
		•	Given Name	mura	i carrainy received
2	"Inventor's Sig	Inature:	304.0- 00-0		
3	**Date of Signa	iture:	NOV. 17.	1999	
		Month		Day	Year
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		City		State or Province	Country
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	2004 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Post Office Address: (Insert complete	C/O Nikon Cor	poration, Fuji Bld	g.,2-3,Marunouch
	Citizenship:	mailing address, including country)	3-chome, Chip	oda-ku, TOKYO 100-	8331 JAPAN
1	Typewritten F	uli Name			
•	of Fourth Join	nt Inventor (if any)			
			Given Name	Middle Initial	Family Name
	inventor's Sig	anatura.			
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3	**Date of Signa	ature:	Month	Day	Year
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1	Typewritten F				•
	of Fifth Joint	inventor (if any)		Middle Initial	Family Name
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2	**Inventor's Si	gnature:			
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		including country)			

Note to Inventors: Please sign name exactly as it appears and insert the actual date of signing.

This form may be executed only when attached to the first page of the Declaration and Power of Attorney form of the application to which it portains.